



Client: Esmeralda Soto

Date of Report: 09/04/18

DOI: 09/26/17

Life Expectancy: 46 years.

Date of Evaluation: 8/13/18

Location of Evaluation:

4201 Bee Caves Rd, Suite C-213, West Lake Hills, TX 78746

Report completed by: Dr. Hector Miranda-Grajales, MD, CLCP

A handwritten signature in black ink, appearing to be "H. Miranda-Grajales", is written over a faint, light blue rectangular background.

## Cost Summary for Esmeralda Soto

Service	Lifetime Cost Total	Percentage of Total
Projected Evaluations	\$ -	0.0000%
Projected Therapies	\$ 415,640.00	69.2766%
Surgery	\$ 94,478.00	15.7471%
Diagnostic Testing	\$ 88,569.00	14.7622%
Medications	\$ 1,285.00	0.2142%
<b>Grand Total</b>	<b>\$ 599,972.00</b>	<b>100.0000%</b>

## **Introduction**

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A life care plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs. (International Academy of Life Care Planners, 2003. Established during the 2000 Life Care Planning Summit). A life care plan is designed, among many things, to help reduce medical complications and provide the best possible care for the unique needs of the particular patient involved.

The opinions, diagnoses, and conclusions mentioned in this report are based within a reasonable degree of rehabilitation and medical certainty. These opinions are based on my clinical experience as well as my training in physical medicine and rehabilitation, pain management, and life care planning. They are also based on the history provided, records reviewed, and examination findings. I reserve the right to modify my opinion should new information be made available to me.

## **Independent Medical Examination (IME) Report For Life Care Plan**

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In regards to: Esmeralda Soto (examinee and patient)

Date of Birth: 12/30/78

Date of Loss: 9/26/17

Examiner: Hector Miranda-Grajales, MD

Specialty: Physical Medicine & Rehabilitation/Interventional Pain Management/Life Care  
Planner

Date of IME: 8/13/18

Type of Exam: Life care plan evaluation

### Questionnaire

Home address: 3734 Daniela Loop, Laredo, TX 78043

Cell phone number: 956-324-0926

Age: 39

Race: Hispanic

Sex: Female

Dominant hand: Right

Education/work history: Currently unemployed.

Prior injuries in accidents: None prior or after the one on 9/26/17.

Has the patient ever had any disability prior to the accident in question? No.

Can the patient drive a car? Yes.

Sleeping habits: She has difficulty sleeping due to her neck pain.

Social Activities: She cannot dance anymore due to her back pain; she cannot do horseback riding due to her neck and back pain.

Activities of Daily Living: She is independent in ADLs.

### Disclaimer

The examinee was informed that today's examination was to evaluate specific conditions pertinent to the accident in question; hence, information provided would not be confidential. Prior to the physical examination the patient was instructed not to perform any maneuver that might cause injury or exacerbation of symptoms, and to advise the examiner to avoid or immediately abort any such test.

## Records Summary

Date	Provider	Note Type	Summary
9/26/17	Doctors Hospital of Laredo	Progress Note	Mrs. Soto treated emergently after she was injured in a car accident.
10/2/2017 - 4/5/18	Dr. Arturo Briones	Progress Note	Ms. Soto consulted Dr. Briones on 10/2/17 for her headache, dizziness, neck pain, stiffness, and upper back pain, right wrist pain, chest/wall pain, left leg pain, right knee pain, and occasional numbness of left arm and left foot and has sleeping problems. On 4/5/18 Dr. Briones recommended that Ms. Soto continue at home exercises.
10/17/17	LMJ Imaging Services Open MRI Inc.	Cervical MRI	Impression: 1. Mild straightening of the spine compatible with muscle spasm. 2. At C4-C5, there is a posterior protrusion- subligamentous disc herniation, central and right posterolateral in location, by as much as 1.5 mm, which impinges upon the anterior thecal sac. The neural foramina are patent. 3. At C5-6, there is a posterior protrusion-subligamentous disc herniation, central right and left posterolateral in location by as much as 2.0 mm, which impinges upon the anterior thecal sac. The neural foramina are patent. 4. At C6-C7, there is a posterior protrusion- subligamentous disc herniation, central, right and left posterolateral in location, by as much as 2.0 mm, which impinges upon the anterior thecal sac. The neural foramina are patent.
10/17/17	LMJ Imaging Services Open MRI Inc.	Thoracic Spine MRI	Impressions: 1. Negative Exam.
11/3/17	Texas Spine Care - Dr. Adam Bruggeman	Progress Note	Ms. Soto consulted with Dr. Bruggeman for her headaches, tingling on the side of face, neck pain, pain in the back of her shoulder blades and down the middle of her back, and lower back pain. Ms. Soto also presented with weakness in her arms that had not been helped by physical therapy.
11/20/17	LMJ Imaging Services Open MRI	Lumbar MRI	Impression: 1. There is a posterior central annular tear at the L5-S1 level measuring 10.3 mm in greatest transverse diameter. 2. At L3-4,

	Inc.		there is a posterior protrusion-subligamentous disc herniation, right and left posterolateral-foraminal in location, by as much as 3.0 mm, which impinges upon the anterior thecal sac. The neural foramina are patent. 3. At L4-L5, there is a posterior protrusion-subligamentous disc herniation, central, right and left posterolateral-foraminal in location, by as much as 3.3mm, which impinges upon the anterior thecal sac. There is mild bilateral facet and ligamentum flavum hypertrophy. There is mild narrowing of the bilateral neural foramina. 4. At L5-S1, there is a posterior protrusions-subligamentous disc herniation, central, right and left posterolateral in location, by as much as 5.6 mm, which impinges upon the anterior epidural fat. The neural foramina are patent.
1/25/18	Patrick Walkem, DC	Progress Note	Ms. Soto was seen by Dr. Walkem for her headaches, neck pain, and left shoulder pain.
1/29/18	American Health Imaging	Brain MRI	No parenchymal contusion. No intra or extra axial hemorrhage is noted. There is no small vessel ischemia, infarct or parenchymal mass seen. Paranasal sinuses are clear; no fracture is identified.
1/29/18	Brio San Antonio	Lumbar MRI	1. Broad-based subligamentous disc herniation at L5-S1 of 3.5 mm in AP dimension producing grade 1 impression on both L5 nerve roots in neural foramina. 2. Broad-based disc bulge at L4-5 of 3mm in AP dimension. 3. Broad-based disc bulge at L3-4 of 3 mm in AP dimension.
1/29/18	Brio San Antonio	Left shoulder MRI	1. Partial thickness, intrasubstance tearing of the anterior third of the supraspinatus tendon involving approximately 75% of the tendon thickness and of approximately 1 cm in size. 2. Obliquely oriented superior labral tear or SLAP lesion at the biceps tendon anchor consistent with post-traumatic injury.
2/23/18	Janya M. Mercardo, PH.D	Neuropsychological evaluation	Diagnostic Impression: 1. Mild neurocognitive disorder, (secondary to mild traumatic brain injury) with specific impairment with mild executive dysfunction, verbal/visual rapid decay, severe visual memory impairment, and bilateral fine motor). Impairments in social and occupational functioning are present. 2. Major depressive disorder. 3. Personality change due to general medical condition.

3/29/18	American Dynamic Imaging	Left Elbow MRI	1. The common extensor and common flexor tendons reveal no tendonitis or partial tendon tear; collateral ligaments are intact. 2. No occult fracture or joint effusion is seen. 3. The insertions of distal biceps, brachioradialis and triceps tendons are normal; no intramuscular edema or hemorrhage is noted.
4/4/2018 - 6/4/18	Michael A. Leonard, MD	Progress Note	On 4/4/18 Ms. Soto consulted with Dr. Leonard for evaluation of neck and back pain, and headaches. She had been treating her pain with physical therapy, and there was short term relief, and she underwent a left shoulder injection with limited relief. Dr. Leonard recommended that she treat with pain management, including epidural steroid injections (ESIs). He also recommended a neurological evaluation of her headaches. On 6/4/18 Ms. Soto followed up with Dr. Leonard. Ms. Soto presented with a protrusion of cervical intervertebral disc, paresthesia, lumbar disc herniation, annular tear of lumbar disc, and post concussion syndrome. After seeing pain management and receiving 3 cervical and 3 lumbar ESIs, she had relief that was short-lasting. She reported headaches, nausea, and dizziness which were addressed with a neurologist. Dr. Leonard recommended neck exercises and proceeding with left L5-S1 laminectomy and discectomy.
4/9/2018 - 5/21/18	New Braunfels Clinic - Dr. Bengali	Progress Note	On 4/9/18 Dr. Bengali performed cervical TF ESI with cath; cervical fluoroscopy, epidurogram with interpretation. The preoperative and postoperative diagnoses were cervical radiculitis, and cervical herniated disk. On 5/21/18 Ms. Soto reported feeling 50% relief from the bilateral C5-6, C6-7 ESI X 3. She also reported feeling 30% relief from bilateral L4-L5, L5-S1 TF ESI x 3. Ms. Soto continued to experience numbness 3-4 times weekly on her left arm.
4/23/2018 - 5/23/18	Interventional Pain Management - Dr. Bengali	Progress Note	On 4/16/18 Dr. Bengali performed lumbar transforaminal epidural steroid injection Bilateral L4 and L5; Lumbar fluoroscopy; epidurogram with interpretation. The preoperative and postoperative diagnosis was lumbar radiculitis. The problems addressed

			<p>were intervertebral disc disorders with radiculopathy (Lumbar Region), and radiculopathy (Lumbar region). On 4/23/18 Dr. Bengali performed a cervical TF ESI with cath; cervical fluoroscopy; epidurogram with interpretation. The preoperative and postoperative diagnoses were cervical radiculitis, and cervical herniated disk. On 4/30/18 Dr. Bengali performed a lumbar transforaminal epidural steroid injection, bilateral L4 and 5; lumbar fluoroscopy; epidurogram with interpretation. The preoperative and postoperative diagnoses was lumbar radiculitis. On 5/7/18 Dr. Bengali performed a cervical TF ESI with Cath; cervical fluoroscopy; epidurogram with interpretation. The preoperative and postoperative diagnosis were cervical radiculitis, and cervical herniated disc. On 5/17/18 Dr. Bengali performed lumbar transforaminal epidural steroid injection bilateral L4 and L5, lumbar fluoroscopy; epidurogram with interpretation. The preoperative and postoperative diagnoses was lumbar radiculitis.</p>
5/7/18	SWP South Texas Center for Orthopaedic Care	Progress Note	<p>On 5/7/18 Ms. Soto followed up with Dr. Clemence for her left shoulder and left elbow pain that she rated 7/10 pain. The assessment noted 1. impingement syndrome of left shoulder 2. 75% partial thickness tear of the rotator cuff 3. SLAP lesion left shoulder. 4. Left elbow lateral epicondylitis. Dr. Clemence recommended a open decompression with rotator cuff repair of the left shoulder.</p>
6/15/18	Southwest General Hospital	Operative Report	<p>On 6/15/18 Dr. Clemence performed an open decompression with acromioplasty and partial bursectomy. The preoperative and postoperative diagnosis was left shoulder impingement syndrome. The indication was, chronic left shoulder pain refractory to conservative non-operative treatment.</p>



## Summary

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HPI: Mrs. Soto is a 39 y/o woman who was injured in a car accident on 9/26/17, when a tractor trailer collided with her vehicle. She was the restrained driver of her car. Her airbags did not deploy upon impact. She was taken by ambulance to a local hospital. She was stabilized and discharged home the same day. She developed headaches, left shoulder pain, neck and back pain. She developed problems with vision associated with her headaches. She had nausea and vomiting as well.

She later had chiropractic care, which provided short term relief. She had neck and back injections. These injections helped, but the relief did not last for months. She underwent left shoulder surgery. She reports the surgery helped, but she still has left shoulder pain.

She reports headaches; location: left side of her head; associated with nausea and dizziness; timing: intermittent; they last 16 hours, but sometimes they last 3-4 days; intensity: 10/10 at its worst and at its least painful it's a 4/10; relieved with silence and rest; quality: pressure-like.

She has neck pain; timing: intermittent (she gets it 2-3 times a day, each episode lasts hours); intensity: moderate to severe; quality: achy and shooting; it radiates down the left arm; associated with left arm numbness and tingling.

She reports low back pain; intensity: moderate to severe; timing: constant; it radiates to the left leg; associated with numbness and tingling in the left leg; relieved with repositioning her body (when in bed, standing, sitting); quality: stabbing and shooting.

She reports left shoulder pain; timing: constant; worsened with left arm elevation, dressing, showering, putting her bra on; intensity: it is severe, but it is not as bad as it was before the surgery, so she states the surgery did help her left shoulder pain; quality: burning and stabbing; relieved with rest.

She reports being depressed from all her pain. She gets anxious from riding in a car.

Review of Systems: as above.

Medications: Naproxen 500mg PRN, Levothyroxine 125mcg daily.

PMH: Hypothyroidism.

PSH: Left shoulder surgery; cholecystectomy.

Allergies: NKDA.

FH: Mother: deceased, had diabetes and hypertension, died of lymphoma; father: alive, CHF.

Social History: She does not smoke cigarettes.

Physical Exam:

Constitutional: Patient is A & O X 3, normal in appearance, attention to hygiene and body habitus, in no apparent distress and coherent and cooperative.

Eyes: Examination of eyes reveals normal eyelids and conjunctivae; normal irises.

ENT/Mouth: Normal external ears and nose; normal hearing

Cardiovascular: no edema in extremities; palpable pedal pulses

Respiratory: normal respiratory effort

MSK:

Observation: Shifts positions while sitting down.

ROM: Limited cervical and lumbar ROM on extension and rotation due to pain. Pain on left shoulder abduction above neck height.

Palpation: Tenderness to palpation in cervical paraspinal muscles and bilateral trapezius muscles with associated palpable muscle spasms; tenderness to palpation in lumbar paraspinal muscles and bilateral quadratus lumborum muscles with associated palpable muscle spasms.

Tenderness to palpation in bilateral facets of: C3 – C7.

Tenderness to palpation in bilateral facets of: L3 – S1.

Strength: 5/5 in upper and lower extremities.

Sensation: Intact to light touch in upper and lower extremities.

DTRs: 2+ in upper and lower extremities.

Special tests: + left shoulder impingement signs; + left straight leg raise. + Bilateral facet loading in cervical spine. + Bilateral facet loading in lumbosacral spine.

Neuro: Cranial nerves intact.

## Analysis Of Findings

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Diagnoses: The patient suffers from the following conditions, which are causally related to the accident of 9/26/17:

1. Post-traumatic headaches.
2. Post-traumatic cervical radiculopathy.
3. Post-traumatic lumbar radiculopathy.
4. Post-traumatic left shoulder SLAP tear and rotator cuff tear.
5. Post-traumatic disc herniations in C4-5, C5-6, C6-7, L3-4, L4-5, and L5-S1.
6. Post-traumatic annular tear in L5-S1.
7. Mild traumatic brain injury (TBI)/ post-concussion syndrome.
8. Depression, PTSD.

Clinical Status: It is within a reasonable degree of medical certainty that the patient's impairments are permanent.

## Itemized Records

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1. Police Report.pdf
2. Dr. Elliot Clemence.pdf
3. Dr. Leonard - 2018\_\_06-04.pdf
4. Hills Rx.pdf
5. Medical - American Dy Imaging.pdf
6. Medical - American Health (Bills) (2).pdf
7. Medical - American Health (Brain).pdf
8. Medical - ANI (Bills).pdf
9. Medical - ANI.pdf
10. Medical - Brio SA (Bills) (L-spine & shoulder).pdf
11. Medical - Culebra Injury and Pain & AHI.pdf
12. Medical - Culebra-Biro Report-AHI-LOP Dr. Leonard.pdf
13. Medical - Doctors Hospital of Laredo.pdf

14. Medical - Dr. Adam Bruggeman.pdf
15. Medical - Dr. Arturo Briones.pdf
16. Medical - Hill's Drug Store (Rx).pdf
17. Medical - Interventional Pain Mgmt.pdf
18. Medical - LMJ Imaging - LOP Dr. Arturo Briones.pdf
19. Medical - LMJ Imaging (C, L, T Spine).pdf
20. Medical - Neuro Eval Neuropsychological.pdf
21. Medical - New Braunfels Clinic.pdf
22. Medical - Permian Premier HCIF.pdf
23. Medical - SA Healthcare (Rx) & Notes.pdf
24. Medical - South Texas Center.pdf
25. Medical - Southwest General Hospital.pdf
26. Medical - Texas SpineCare Center.pdf

#	CD films	Date
1.	Brain MRI	1/29/18
2.	Cervical MRI	10/17/17
3.	Thoracic MRI	10/17/17
4.	Lumbar MRI	1/29/18
5.	Lumbar MRI	1/29/18
6.	Left shoulder MRI	1/29/18
7.	Lumbar MRI	11/20/17

## Cost Sources

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1. Fair Health Online database was used to calculate medical services. The rates for care and services are from the claimant's geographical area.
2. Other cost sources are listed in the Life Care Plan tables.

Item	Frequency	CPT	Rate
Pain doctor	1x per year	99214	\$173
Bilateral L4-L5, L5-S1 TFESI	1x per year starting in 10 years	(64483, 64484) x2, 77003, 72275	\$4,477
Cervical ESI	1x evrery 2 years	62310, 77003, 72275	\$4,893
Left ONBs - greater and lesser nerves	1x per year	64450, 64405	\$2,856
Psychiatrist	3x per year for 5 years	99214	\$173
Prozac 20mg daily	1 bottle per year for 5 years.	-	\$257 per bottle. Pharmacy: CVS. Source: goodrx.com.
Left L5-S1 laminectomy and discectomy	1x in 5 years	63030, MSDRG: 00030	\$92,894
PT post fusion	12x in 5 years	97110x4	\$132
Cervical MRI	1x every 5 years	72141	\$4,973
Lumbar MRI	1x every 5 years	72148	\$4,868

Item	CPT	Rate
Laminotomy (hemilaminectomy), with disc excision, 1 level	63030	\$14,549
SPINAL PROCEDURES WITHOUT CC/MCC	MSDRG: 00030	\$78,345
Lumbar TFESI 1st level	64483	\$524
Lumbar TFESI 2nd level	64484	\$473
Epidurogram	72275	\$1,673
Fluoroscopy	77003	\$810
Cervical ESI	62310	\$2,410
Greater ONB	64405	\$1,018
Lesser ONB	64450	\$1,838

Hector A. Miranda-Grajales, M.D., C.L.C.P.  
Diplomate of American Board of Physical Medicine and Rehabilitation  
Board Certified Pain Management Specialist  
Board Certified in Brain Injury Medicine  
Certified Life Care Planner



# Life Care Plan

**Esmeralda Soto**

DOB: 12/30/78

Date of Report: 09/04/18

MD Certified Life Care Planner

4201 Bee Caves Road

Suite C-213

West Lake Hills, TX 78746

512-960-4717



## **Life Care Plan Tables**



A life expectancy was obtained from the National Vital Statistics Report Volume 66, Number 4, August 14, 2017, Table 12. According to this source, Esmeralda Soto's life expectancy is 46 years. The expected age of death is 85 years old.

DOB: 12/30/1978  
AGE: 39  
RACE: Hispanic

Client Name: Esmeralda Soto  
Date of Injury: 9/26/2017  
Gender: Female

Projected Evaluations

Primary Disability: Cervical/lumbar radiculopathy; TBI.

Date of Preparation: 9/4/18

Item	Frequency and Duration of Need			Average Cost	Average Annual Cost	Years of Duration	Average Total Cost	Age At Start	Age At End	Comment
	Units	Every	# Years							
LCP	1	X	46	\$ -	\$ -	46	\$ -	39	85	
Totals				\$ -	\$ -		\$ -			

Projected Evaluations Average Unit Cost Total: \$ -  
Projected Evaluations Average Annual Cost Total: \$ -  
Projected Evaluations Average Cost Total: \$ -

## Projected Therapies

DOB: 12/30/1978

AGE: 39

Client Name: Esmeralda Soto

Date of Injury: 09/26/17

Date of Preparation: 09/04/18

Primary Disability: Cervical/lumbar radiculopathy; TBI.

The expected age of death is 85 years old.

Item	Frequency and Duration of Need			Average Cost	Average Annual Cost	Years of Duration	Average Total Cost	Age At Start	Age At End	Comment
	Units	Every	# Years							
Pain doctor	1	X	1	\$ 173.00	\$ 173.00	46	\$ 7,958.00	39	85	
Bilateral L4-L5, L5-S1 TFESI	1	X	1	\$ 4,477.00	\$ 4,477.00	36	\$ 161,172.00	49	85	
Cervical ESI	1	X	2	\$ 4,893.00	\$ 2,446.50	46	\$ 112,539.00	39	85	
Left ONBs	1	X	1	\$ 2,856.00	\$ 2,856.00	46	\$ 131,376.00	39	85	
Psychiatrist	3	X	1	\$ 173.00	\$ 519.00	5	\$ 2,595.00	40	45	
Totals				\$ 12,572.00	\$ 10,471.50		\$ 415,640.00			

Projected Therapies Average Unit Cost Total: \$ 12,572.00  
 Projected Therapies Average Annual Cost Total: \$ 10,471.50  
 Projected Therapies Average Cost Total: \$ 415,640.00

## Surgery

DOB: 12/30/1978

AGE: 39

Client Name: Esmeralda Soto

Date of Injury: 09/26/17

Date of Preparation: 09/04/18

Primary Disability: Cervical/lumbar radiculopathy; TBI.

The expected age of death is 85 years old.

Item	Frequency and Duration of Need			Average Cost	Average Annual Cost	Years of Duration	Average Total Cost	Age At Start	Age At End	Comment
	Units	Every	# Years							
Left L5-S1 laminectomy and discectomy	1	X	1	\$ 92,894.00	\$ 92,894.00	1	\$ 92,894.00	44	44	
PT post fusion	12	X	1	\$ 132.00	\$ 1,584.00	1	\$ 1,584.00	44	44	
Totals				\$ 93,026.00	\$ 94,478.00		\$ 94,478.00			

Projected Surgery Average Unit Cost Total: \$ 93,026.00  
 Projected Surgery Average Annual Cost Total: \$ 94,478.00  
 Projected Surgery Average Cost Total: \$ 94,478.00

## Diagnostic Testing

DOB: 12/30/1978

AGE: 39

Client Name: Esmeralda Soto

Date of Injury: 09/26/17

Date of Preparation: 09/04/18

Primary Disability: Cervical/lumbar radiculopathy; TBI.

The expected age of death is 85 years old.

Item	Frequency and Duration of Need			Average Cost	Average Annual Cost	Years of Duration	Average Total Cost	Age At Start	Age At End	Comment
	Units	Every	# Years							
Cervical MRI	1	X	5	\$ 4,973.00	\$ 994.60	46	\$ 44,757.00	39	85	
Lumbar MRI	1	X	5	\$ 4,868.00	\$ 973.60	46	\$ 43,812.00	39	85	
Totals				\$ 9,841.00	\$ 1,968.20		\$ 88,569.00			

Projected Diagnostic Testing Average Unit Cost Total: \$ 9,841.00  
 Projected Diagnostic Testing Average Unit Cost Total: \$ 1,968.20  
 Projected Diagnostic Testing Average Unit Cost Total: \$ 88,569.00

## Medications

DOB: 12/30/1978

AGE: 39

Client Name: Esmeralda Soto

Date of Injury: 09/26/17

Date of Preparation: 09/04/18

Primary Disability: Cervical/lumbar radiculopathy; TBI.

The expected age of death is 85 years old.

Item	Frequency and Duration of Need			Average Cost	Average Annual Cost	Years of Duration	Average Total Cost	Age At Start	Age At End	Comment
	Units	Every	# Years							
Prozac 20mg daily	1	X	1	\$ 257.00	\$ 257.00	5	\$ 1,285.00	40	45	\$257 per bottle. Pharmacy: CVS. Source: goodrx.com.
Totals				\$ 257.00	\$ 257.00		\$ 1,285.00			

Projected Medications Average Unit Cost Total: \$ 257.00  
 Projected Medications Average Annual Cost Total: \$ 257.00  
 Projected Medications Average Cost Total: \$ 1,285.00

## Cost Summary for Esmeralda Soto

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Projected Therapies	\$ 415,640.00	69.2766%
Surgery	\$ 94,478.00	15.7471%
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<b>Grand Total</b>	<b>\$ 599,972.00</b>	<b>100.0000%</b>